

CLIENT TRACKING

TO:

FROM:

Reason for Communicating Information (Check ☒ and/or complete applicable item)

REFERRAL AGENCY/CWD/CIU USE ONLY

☐ Client is being referred to _____ Service(s) to be provided by:
(PROVIDER) at _____ (COMPONENT) _____, () _____
(ADDRESS) (PHONE NUMBER)

Client must report by _____ (DATE) . Comments: _____

PROVIDER USE ONLY

- ☐ Client reported on _____ (DATE) as directed and has been entered in service. Anticipated date of completion _____.
- ☐ Client reported on _____ (DATE) as directed is on waiting list. Anticipated date of enrollment in _____ service _____.
- ☐ Client has not participated or cooperated in training program because he/she failed to _____.
- ☐ Client has not accepted offer of employment.

JOB OFFER:	DATE OF OFFER:	STARTING WAGE:	EMPLOYER'S NAME:
ADDRESS:			TELEPHONE NUMBER: ()
<input type="checkbox"/> Job Entry _____ DATE	<input type="checkbox"/> 30 Day _____ DATE	<input type="checkbox"/> 90-day Follow-up _____ DATE	<input type="checkbox"/> New Job _____ DATE
EMPLOYER'S NAME		ADDRESS: \$	
POSITION:	DATE STARTED:	TELEPHONE NUMBER:	CONTACT PERSON:
HOURS PER DAY:	HOURS PER WEEK	RATE OF PAY:	
		<input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Seasonal Until: _____	
<input type="checkbox"/> Working - Original Job		<input type="checkbox"/> Working - New Job	
<input type="checkbox"/> Quit job as of (Date) _____		<input type="checkbox"/> Not Working <input type="checkbox"/> Case is Active	
<input type="checkbox"/> Completed Participation		<input type="checkbox"/> Received Raise <input type="checkbox"/> Fired as of: (Date) _____	
DATE COMPLETED		DATE CASE CLOSED	
<input type="checkbox"/> Case Closed		<input type="checkbox"/> Other: _____	

COMMENTS:

NAME:	TITLE:
AUTHORIZED SIGNATURE:	DATE:
NAME OF AGENCY:	PHONE NUMBER: ()